

Dog Background Information



Date _____

Owner Name: _____ Owner Contact Number: # _____

Email: _____ Address: _____

Dog's Name _____ Age _____ Sex: Male Female

Why are you surrendering your dog? _____

How long has this dog lived with you? _____

Medical History

When did the dog last see a veterinarian? _____ Vet Name: _____

Spayed/Neutered? : Yes No

Vaccine History:

Vaccine _____ Date _____

Vaccine _____ Date _____

Vaccine _____ Date _____

Does the dog have any old injuries or health problems?: Yes No Not Sure

If yes, describe _____

Has the dog been diagnosed with and/or treated for any of the following:

- Allergies Tumors Kennel Cough Heart Murmur Epilepsy or Seizure Skin Conditions
 Thyroid Disease Urinary Tract Infection Diabetes Other _____

Does the dog need any medication or special diet?: Yes No

If yes, describe _____

Dietary Habits

What type of food was the dog fed? Dry only Canned only Both Dry and Canned

Other _____

Brand of food is the dog used to: _____

Is there any type of food your dog will not eat? _____

When was the dog usually fed? AM PM Free Fed

Housing

How much of the time was the dog kept outside? _____ Inside? _____

How many hours a day on average did the dog spend unsupervised? _____

Where did you leave the dog when no one was home? _____



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When left home alone, what did the dog have access to:

Free Roaming Crate - type of crate: _____ Only a few areas: _____

Where has this dog been allowed?

Inside House Patio Fenced Yard Car Garage

This dog is used to being allowed on: Furniture Beds Only on the Floor

Where was the dog used to sleeping?

In Owner's Room In Owner's Bed Doghouse Garage Other: _____

Is your yard fenced?

Yes How High? _____ What is it made of? _____

No How did you keep the dog confined to your property? _____

Has the dog ever escaped from your yard? **Yes** **No**

If yes, how? Digs Out Jumps Fence Charges gate when opened Chews Through

When did the dog escape? When alone All the time Other _____

Is the dog house trained/house broken? **Yes** **No** **Mostly**

Does the dog use potty pads?: **Yes** **No** **Mostly**

How often did the dog have accidents in the house?

Once a Day Once a Week Never Every Time inside House

Lifestyle & Home Life

What ages of people lived with this dog?

Adult Men Adult Women Seniors Older Children (ages) _____ Young Children (ages) _____

How would you describe your household?

Active Noisy Quiet Average

What type(s) of training has this dog had?

Obedience Class Home Training Professional None

Does the dog know how to?

Sit Stay Come Lie Down Walk on Leash

Does the dog know any tricks? _____

Does the dog have any favorite toys or activities? _____

Is this dog frightened of anything?

Men Children Thunder Fireworks Vacuums Feet Water

Other _____

Dog Background Information



How does this dog react to visitors? _____

How would you describe the dog's behavior around children?

- Friendly Playful Tolerant Afraid Shy Aggressive

Does this dog have any bad habits the new owners should be aware of? **Yes** **No**

If yes, please describe: _____

What have you done to correct the problem? _____

How do you discipline your dog? _____

Does this dog chase anything?

- People Children Cats Livestock Cars Bicycles

What types of other animals does this dog get along with?

- Dogs (male) Dogs (female) Cats Birds Livestock

What types of animals doesn't the dog get along with? _____

Has your dog ever injured another animal? **Yes** **No**

If yes, describe: _____

If this dog lived with dogs, how did they interact? (*check all that apply*)?

- Adored each other Slept near each other Avoided each other Groomed each other
 Afraid of Played with each other Peacefully coexisted Ignored each other
 Fought without injuries Chased by other dog This dog chased the other dog
 Other _____

Personality

How would you describe your dog most of the time? (*check all that apply*)

- Very active Friendly to family Aloof A clown Couch potato
 Shy to family Shy to visitors Playful Talkative Affectionate
 Independent Friendly to visitors Quiet Lap dog Aggressive
 Withdrawn Fearful Fearless Solitary

Has the dog ever snapped, or growled at anyone? **Yes** **No**

If yes, please describe: _____

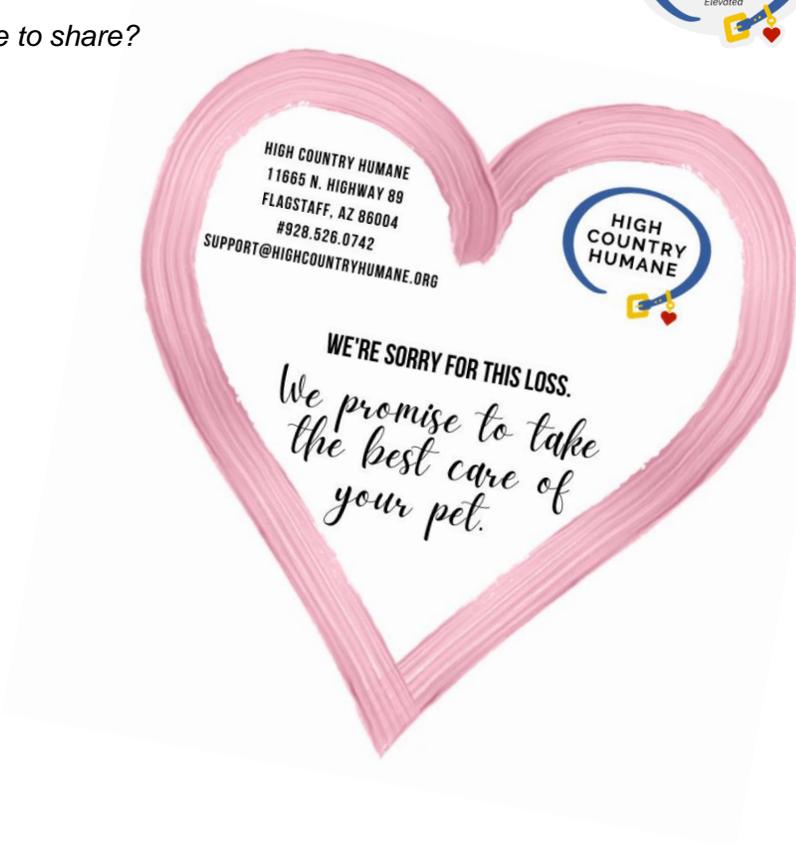
Has the dog ever bitten anyone? **Yes** **No** Did the bite break skin? **Yes** **No**

If yes, When (date)?: _____

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Other: Any other notes or comments you would like to share?



Notes and comments: (Office Use Only)